

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9454
Registrar's No. 2937

Registration District No. 7911

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Mary Yount

8. (b) If veteran, name was no 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 16, 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 2 11 hr. _____ min.

9. Birthplace Yount Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name John Yount
13. Birthplace Yount Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Julian Berry
15. Birthplace Minnesota
(City, town, or county) (State or foreign country)

16. (a) Informant Rudolph Yount
(b) Address 1530 S. 7th St.

17. (a) Burial (b) Date thereof 3/30/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation S.S. Peter and Paul Ch.

18. (a) Signature of funeral director Weick Bros. Und. Co.
(b) Address 2201 S. Grand Bl.

19. (a) MAR 29 1940 (b) J. F. Fiedler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
(d) Street No. 1530 S. 7th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27,
year 1940 hour 10:45 minute _____ P. M.

21. I hereby certify that I attended the deceased from March 23, 1940 to March 27, 1940
that I last saw him alive on March 27, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Gangrene of the foot
Due to arteriosclerosis
gangrene of the foot
Duration _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 93e
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Malvin A. Gilling (M. D. or other) _____
Address 1515 Lafayette Date 3/28/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,
working under my personal supervision.

Signed

Nancy Astlewood

Licensed Embalmer No.

3722

P. O. Address

412 Denbighville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.